

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593,852

FILING DATE

09-22-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		7				
9		① -				
10		① -				
11		① -				
12		① -				
13		① -				
14		① -				
15		① -				
16		① -				
17		① -				
18		① -				
19	1					
20	1					
21	1					
22	1					
23		① -				
24		① -				
25		① -				
26		① -				
27		① -				
28		① -				
29		① -				
30		① -				
31		① -				
32		① -				
33		2 -				
34		① -				
35		① -				
36		① -				
37		① -				
38		① -				
39						
40						
41						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	39	←		←		←
TOTAL CLAIMS	45					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						